

**FILED**

7/16/02

UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOISDEC 20 2007 *aw*  
DEC 20, 2007  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURTIN FORMA PAUPERIS APPLICATION  
AND  
FINANCIAL AFFIDAVITMario Cabello  
Plaintiff

v.

Cook County Jail & employees  
Defendant(s)07CV7153  
JUDGE GETTLEMAN  
MAGISTRATE JUDGE VALDEZ

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT.

I, Mario Cabello, declare that I am the ☒ Plaintiff ☐ petitioner ☐ movant (other \_\_\_\_\_) in the above-entitled case. This affidavit constitutes my application ☐ to proceed without full prepayment of fees, or ☐ in support of my motion for appointment of counsel, or ☒ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)  
 I.D. # 20060098846 Name of prison or jail: \_\_\_\_\_  
 Do you receive any payment from the institution? ☐ Yes ☐ No Monthly amount: \_\_\_\_\_
2. Are you currently employed? ☐ Yes ☒ No  
 Monthly salary or wages: \_\_\_\_\_  
 Name and address of employer: \_\_\_\_\_
- a. If the answer is "No":  
 Date of last employment: May of 2005  
 Monthly salary or wages: \$200.00 per week  
 Name and address of last employer: Chester Dumping in Cicero on Cermak Rd.
- b. Are you married? ☐ Yes ☒ No widow  
 Spouse's monthly salary or wages: \_\_\_\_\_  
 Name and address of employer: \_\_\_\_\_
3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.
  - a. Salary or wages ☐ Yes ☒ No  
 Amount \_\_\_\_\_ Received by \_\_\_\_\_

b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No  
 Amount \_\_\_\_\_ Received by \_\_\_\_\_

c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No  
 Amount \_\_\_\_\_ Received by \_\_\_\_\_

d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No  
 Amount \_\_\_\_\_ Received by \_\_\_\_\_

e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No  
 Amount \_\_\_\_\_ Received by \_\_\_\_\_

f. ☐ Any other sources (state source: \_\_\_\_\_) ☐ Yes ☒ No  
 Amount \_\_\_\_\_ Received by \_\_\_\_\_

4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: \_\_\_\_\_  
 In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No  
 Property: \_\_\_\_\_ Current Value: \_\_\_\_\_  
 In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No  
 Address of property: \_\_\_\_\_  
 Type of property: \_\_\_\_\_ Current value: \_\_\_\_\_  
 In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 Amount of monthly mortgage or loan payments: \_\_\_\_\_  
 Name of person making payments: \_\_\_\_\_

7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No  
 Property: \_\_\_\_\_  
 Current value: \_\_\_\_\_  
 In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☒ No dependents  
 \_\_\_\_\_  
 \_\_\_\_\_

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 12-11-07

Mario Cabello  
Signature of Applicant

MARIO Cabello  
(Print Name)

**NOTICE TO PRISONERS:** A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

#### CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, Mario Cabello, I.D.# 20160098846, has the sum of \$ \_\_\_\_\_ on account to his/her credit at (name of institution) Cook County Jail.

I further certify that the applicant has the following securities to his/her credit: \_\_\_\_\_. I further certify that during the past six months the applicant's average monthly deposit was \$ \_\_\_\_\_.

(Add all deposits from all sources and then divide by number of months).

12-11-07  
DATE

SIGNATURE OF AUTHORIZED OFFICER

Refuses to sign

(Print name)

\* Social Worker - Officers - Administrators  
refuse to sign as an Authorized Officer  
in dereliction of their duties.  
Social Worker is named MR. Hampton  
Supervisor is a MR. Mueller



Managed Services

**Managed Better.****\*\*TRANSACTION REPORT\*\***

Print Date: 12/10/2007

Inmate Name: CABELLO, MARIO

Balance: \$20.60

Inmate Number: 20060098846

Inmate DOB: 12/19/1973

Stamp	Transaction	Amount	Balance
12/07/2007	CREDIT	20.00	20.60
12/04/2007	ORDER DEBIT	-11.99	0.60
11/27/2007	ORDER DEBIT	-9.13	12.59
11/18/2007	ORDER DEBIT	-38.28	21.72
11/16/2007	CREDIT	40.00	60.00
11/15/2007	CREDIT	20.00	20.00
11/07/2007	ORDER DEBIT	-0.15	0.00
10/24/2007	ORDER DEBIT	-19.94	0.15
10/18/2007	CREDIT	20.00	20.09
10/17/2007	ORDER DEBIT	-0.60	0.09
10/10/2007	ORDER DEBIT	-34.99	0.69
10/03/2007	ORDER DEBIT	-19.40	35.68
10/03/2007	CREDIT	15.00	55.08
10/02/2007	CREDIT	40.00	40.08
09/26/2007	ORDER DEBIT	-1.08	0.08
09/19/2007	ORDER DEBIT	-4.74	1.16
09/05/2007	ORDER DEBIT	-27.20	5.90
08/29/2007	ORDER DEBIT	-31.45	33.10
08/28/2007	CREDIT	20.00	64.55
08/22/2007	ORDER DEBIT	-19.80	44.55
08/16/2007	CREDIT	50.00	64.35
08/15/2007	ORDER DEBIT	-15.67	14.35
08/13/2007	CREDIT	30.00	30.02
07/24/2007	ORDER DEBIT	-1.59	0.02
07/18/2007	ORDER DEBIT	-18.82	1.61
07/16/2007	CREDIT	20.00	20.43
06/27/2007	ORDER DEBIT	-15.26	0.43
06/26/2007	CREDIT	15.00	15.69
06/20/2007	ORDER DEBIT	-12.90	0.69
06/13/2007	ORDER DEBIT	-10.20	13.59
06/06/2007	ORDER DEBIT	-27.23	23.79
06/05/2007	RETURN CREDIT	1.25	51.02
05/30/2007	ORDER DEBIT	-37.25	49.77
05/24/2007	CREDIT	50.00	87.02
05/23/2007	ORDER DEBIT	-23.46	37.02
05/23/2007	CREDIT	20.00	60.48
05/20/2007	RETURN CREDIT	17.92	40.48

Just so you know the church helps me with money when they can.